

ACCOUNT APPLICATION

RED D CASH

PERSONAL	Social Security # _____ Birthdate _____
	First Name _____ Middle Int _____ Last Name _____
	Home Phone () _____ <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted Mobile Phone () _____
	Street Address _____ Apt. No. _____ Zip _____ City _____ St _____
	Time at Address _____ Years _____ Months Own home? <input type="checkbox"/> Yes <input type="checkbox"/> No Vehicle: State & License# _____
	Driver's License Number # _____ Exp. Date _____ Make _____ Model _____ Yr _____

EMPLOYMENT	Employer _____ Time on Job _____ Work Phone () _____
	Position _____ Supervisor Name _____
	Net Income (Take Home Pay) _____ Direct Deposit <input type="checkbox"/> Yes <input type="checkbox"/> No Next Deposit Date _____
	Pay Frequency: <input type="checkbox"/> Every Two Weeks <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Other _____
	Any Wage Garnishments? <input type="checkbox"/> Yes <input type="checkbox"/> No Employment status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary
	<i>*Income from alimony, child support or separate maintenance payments need not be revealed if you do not wish to have it considered as part of your application.</i> Other Income Type _____

FINANCIAL	**Please provide a deposit slip for bank routing number information**
	Checking Account # _____ Next Check # _____ Average Balance \$ _____
	Name of Bank _____ Date account opened _____
	Individual or Joint account? <input type="checkbox"/> Individual <input type="checkbox"/> Joint Other authorized signer _____
	Do you have outstanding checks at other check cashing stores? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount _____
	WHEN THERE IS A JOINT ACCOUNT, THE OTHER SIGNER MUST COMPLETE AN APPLICATION TO DELAY A CHECK WITH US. THE PERSON WHO SIGNS THE CHECK MUST ALSO SIGN RECEIPT FOR THE CASH ADVANCE. Have you ever filed Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently filing for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No Date filed _____ Date Discharged _____

REFERENCES	Name _____	Name _____	MARKETING INFO <input type="checkbox"/> Referred by Friend <input type="checkbox"/> Mail <input type="checkbox"/> Flyer <input type="checkbox"/> Sign <input type="checkbox"/> Handout <input type="checkbox"/> Internet <input type="checkbox"/> Newspaper <input type="checkbox"/> TV <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Other _____
	Relationship _____	Relationship _____	
	Home Phone () _____	Home Phone () _____	
	Street Address _____	Street Address _____	
	Apt. No. _____ Zip _____	Apt. No. _____ Zip _____	
	City _____ State _____	City _____ State _____	

PLEASE READ BEFORE SIGNING - RIGHTS TO PRIVACY AND AGREEMENTS:

You agree that we may contact, share information, and leave messages with any agencies, relatives, or persons, including but not limited to your place of residence, employment, your neighbors, consumer credit reporting agencies, including those in connection with the application, processing, funding, servicing, repayment and collection of your transaction with us. To the extent not prohibited by law, you waive any privacy claims against us.

I certify that the information supplied by me is true and correct. Any false statement made by me shall be sufficient basis for rejection. I authorize verification of the truthfulness of all information contained herein, including verification of income and banking information. I have read and understand the above rights to privacy and agree to the policy and statements.

I acknowledge that this application and any supporting documentation provided with it is the property of Red D Cash.

Signature _____ Date _____